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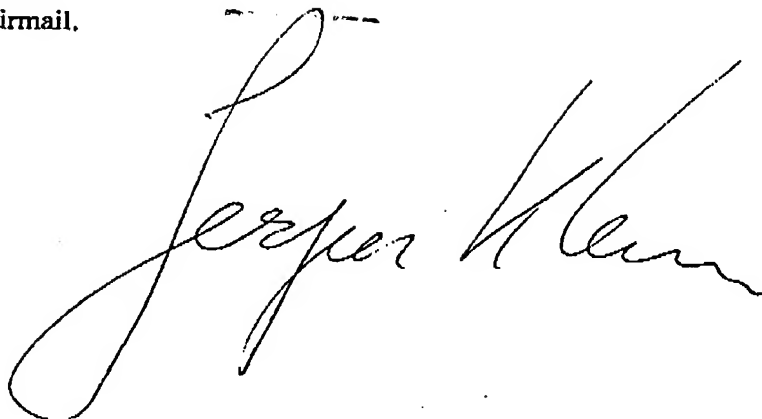
Best regards

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Application Number	US 6,895,893 B1
Filing Date	Nov. 10, 2003
First Named Inventor	Jesper Kristoffer Larsen
Art Unit	
Examiner Name	Teri Pham Lau
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

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☐ I hereby appoint the practitioners associated with the Customer Number:

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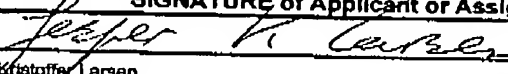
<input type="checkbox"/> Firm or Individual Name	Kristoffer Larsen Innovation A/S		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Jesper Kristoffer Larsen		
Date	19-05-2007	Telephone	45-28435544

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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